

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Saukrapot
 (If outside city or town limits, write RURAL and give nearest town)
 Now long in above place of death? all life
 Hospital, institution, or street address where death occurred:
Chesapeake P.H.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent
 City or town Chesapeake P.H.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Saukrapot
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

Lama C. Cranon

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow

B.(b) Name of husband or wife (Late) Mrs. Cranon

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1855 6.(c) If alive, give age years

8. AGE: Years 92 Months 4 Days 0 It less than one day
 hrs. min.

9. Birthplace Kent Co. Md.
 (Town, county, and state)

10. Usual occupation housewife11. Industry or business retired12. Name Joshua Walcutt13. Birthplace Reading, Pa.14. Maiden name Eliza Ann Mensch15. Birthplace Reading, Pa.16. Informant Mrs. M. HaganAddress Chesapeake, Maryland17. Burial Date thereof 5/3/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory UnionLocation Worton, Kent Co. Maryland18. Funeral director Maurice V. WilliamsAddress Chesapeake, Maryland19. May 3, 1947 Robert B. Loerle

(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 47, at 4:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19 46 to May 1 19 47and that I last saw him alive on May 1 19 47Immediate cause of death cerebral hemorrhage DURATIONDue to arteriosclerosis

Due to

Other conditions emaciation, malnutrition,senility, hemiplegia (rt.)

(Include pregnancy within 8 months of death)

Major findings of operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. R. Conroy M.D.Address Chesapeake, Md Date signed 5-1-47

Chan. Hague 595 W14

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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MAY 6 1947

BUREAU V B

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Home
 County Rock State Chesapeake
 City or town Rock Hall (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2.5 years
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Wheat
 City or town Rock Hall (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME Norman Downum
 Sex Male Color or race Caucasian 6. (a) Single, married, widowed, or divorced Single

3. (b) Social Security Number _____

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, year) Unknown 1879 6. (c) If alive, give age _____ years

8. AGE: 68 Years 5 Months 1 Days If less than one day _____ hrs. _____ min.

9. Birthplace Virginia (City, county, and state)

10. Usual occupation Doctor

11. Industry or business Doctor

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Dr. J. J. Jansant

Address Rock Hall R. D. 2

17. Burial Date thereof May 20, 1947 (Burial, cremation, or removal. Which?) (month)/(day) (year)

Cemetery or crematory Rock Co. Alma House

Location Mar. Chautauque Ind.

18. Funeral director Marvin V. Williams

Address Chautauque Maryland

19. 5/20 19 47 S. Elwood Burgess Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 19 47, at 4:45 P. M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I have examined the body _____

Immediate cause of death Septicemic infection

Acute Alcoholism

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results no Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

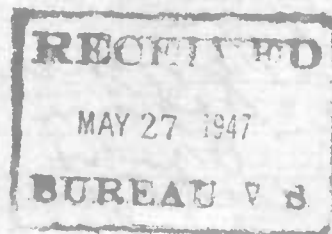
Means of injury Struck by motor vehicle Injured at work? _____

23. Dr. J. J. Jansant M.D. or other _____

Address Rock Hall Date signed May 19, 1947

Norman Downing
Truby

Sparks Van Sant



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County KentCity or town Millington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Isabella V.B. Horton

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 3, 18648. AGE: Years 82 Months 6 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Seamstress

11. Industry or business _____

12. Name Leri Horton13. Birthplace New Jersey14. Maiden name Arrestang15. Birthplace England16. Informant Ludert WiistAddress Millington, Md.17. Burial Date thereof May 19, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Millington, Md.18. Funeral director Edward FellowsAddress Millington, Md.19. May 19 19 47 Edward Fellows
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 19 47 at 4 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1- 19 47 to May 16 19 47and that I last saw him alive on May 16 19 47Immediate cause of death Ch. MyocardiaAnt. Inf.Due to Ant. Inf.

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. H. Rine

M. D. or other

Address Millington, Md. Date signed 7/19/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 23 1947

RECEIVED

MAY 23 1947

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MARYLAND STATE DEPARTMENT OF HEALTH
4211 N. Charles St., Baltimore
CERTIFICATE OF DEATH

04135

Reg. Dist. No. 2.02

1. PLACE OF DEATH: Kent
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 hours
Hospital, institution, or street address where death occurred:
Kent only Queen Annes Hospital
How long in hospital or institution? 11 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland County.....Queen Annes
City or town.....Sudlersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Fletcher R Phillips

3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Widowed
6.(b) Name of husband or wife.....Lillian Neville Phillips
7. Birth date of deceased (mo., day, yr.).....Sept 21, 1877 6.(c) If alive, give age..... years
8. AGE: Years.....69 Months.....7 Days.....15 If less than one day..... hrs. min.

9. Birthplace.....(near) Sudlersville, Queen Anns, Md.
(Town, county, and state)

10. Usual occupation.....Populanga

11. Industry or business

12. Name.....Samuel Phillips

13. Birthplace.....Queen Anne Co., Maryland

14. Maiden name.....SARA STAFFORD

15. Birthplace.....Queen Annes County, Maryland

16. Informant.....Mrs. John W. Walsen

Address.....Sudlersville Ind.

17. Burial.....Burial Date thereof.....May 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Sudlersville

Location.....Sudlersville Ind.

18. Funeral director.....Edgar L. Lane

Address.....Church Hill Ind.

19. May 7, 1947.....Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....MAY 6 19.....47 at.....11¹⁰ P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from.....MAY 6 19.....47, to.....MAY 6 19.....47
and that I last saw him.....alive on.....MAY 6 19.....47

Immediate cause of death.....

DURATION

Tetanus 7 days

Due to.....Puncture wound of

left foot

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....Nervous tissue at
site of puncture wound Date of op.....5-6-47

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....C. A. Dick W. E. S.

Address.....Chesapeake, Md. M. D. or other

Date signed.....5-6-47

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 9 1947
BUREAU 18

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04136 201

1. PLACE OF DEATH:

County BerksCity or town Betterton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BerksCity or town Betterton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Stansbury Wilmore

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Katie Rebecca Wilmore7. Birth date of deceased (mo., day, yr.) Oct 31 18758. (c) If alive, give age 65 years8. AGE: Years 70 Months 6 Days 17 If less than one day _____ hrs. _____ min.9. Birthplace Morton Md Rural
(Town, county, and state)10. Usual occupation Farm work11. Industry or business Farms12. Name James Wilmore13. Birthplace Berks Maryland14. Maiden name Mary Ellen Wright15. Birthplace Berks Co. Md.16. Informant Rich Wilmore WilsonAddress Betterton Md17. Burial Date thereof May 21 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Methodist colored churchLocation a mountain18. Funeral director Butt EllowsAddress Still Pond Md.19. May 21 1947 Registrar J. M. Elows
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1947 at 4:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to May 17 1947 and that I last saw him alive on May 15 1947

Immediate cause of death

DURATION

Carcinoma of rectumDue to duodenal (metastasis)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Robert A. Burgard M. D. or other _____Address Rock Hill, Md Date signed 7/18/47

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

RECEIVED

JUN 6 1947

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